

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WORKING FOR WORKING AMERICANS - FEDERAL

ADDRESS (number and street)

6801 PLACID STREET

☐ Check if different than previously reported. (ACC)

LAS VEGAS

NV

89119

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00490847

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. Phil Newkirk

Signature of Treasurer

R. Phil Newkirk

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WORKING FOR WORKING AMERICANS - FEDERAL

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		859977.72
(b) Cash on Hand at Beginning of Reporting Period.....	859977.72	
(c) Total Receipts (from Line 19)	1897294.57	1897294.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2757272.29	2757272.29
7. Total Disbursements (from Line 31)	811378.50	811378.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1945893.79	1945893.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WORKING FOR WORKING AMERICANS - FEDERAL

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1897294.57	1897294.57
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	1897294.57	1897294.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1897294.57	1897294.57
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1897294.57	1897294.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1897294.57	1897294.57

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	20555.05	20555.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20555.05	20555.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250000.00	250000.00
24. Independent Expenditures (use Schedule E)	40823.45	40823.45
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	500000.00	500000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	811378.50	811378.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	811378.50	811378.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1897294.57	1897294.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1897294.57	1897294.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	20555.05	20555.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	20555.05	20555.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WORKING FOR WORKING AMERICANS - FEDERAL

Full Name (Last, First, Middle Initial)

A. United Brotherhood of Carpenters and Joiners

Mailing Address 101 Constitution Avenue, NW
10th Floor West

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373973.47

Date of Receipt

M M / D D / Y Y Y Y
02 / 04 / 2013

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period

373973.47

Full Name (Last, First, Middle Initial)

B. United Brotherhood of Carpenters and Joiners

Mailing Address 101 Constitution Avenue, NW
10th Floor West

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750573.31

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period

376599.84

Full Name (Last, First, Middle Initial)

C. United Brotherhood of Carpenters and Joiners

Mailing Address 101 Constitution Avenue, NW
10th Floor West

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1115071.49

Date of Receipt

M M / D D / Y Y Y Y
05 / 06 / 2013

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period

364498.18

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115071.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WORKING FOR WORKING AMERICANS - FEDERAL

Full Name (Last, First, Middle Initial)

A. United Brotherhood of Carpenters and Joiners

Mailing Address 101 Constitution Avenue, NW
10th Floor West

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501010.59

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2013

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period

385939.10

Full Name (Last, First, Middle Initial)

B. United Brotherhood of Carpenters and Joiners

Mailing Address 101 Constitution Avenue, NW
10th Floor West

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1897294.57

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2013

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period

396283.98

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

782223.08

TOTAL This Period (last page this line number only)..... ►

1897294.57

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

WORKING FOR WORKING AMERICANS - FEDERAL

6973.69

13531.36

State: District:

20505.05

A digital display showing the number 20505.05. The display is a rectangular box with a black border. Inside, the number 20505.05 is shown in a black, sans-serif font. The number is positioned in the lower right area of the display. The background of the display is white. There are some faint, dark, irregular shapes at the bottom of the display, possibly representing a surface or a shadow.

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WORKING FOR WORKING AMERICANS - FEDERAL

Full Name (Last, First, Middle Initial)

A. MAJORITY PACMailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2013

Transaction ID : SB23.4200

Amount of Each Disbursement this Period

250000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250000.00

250000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WORKING FOR WORKING AMERICANS - FEDERAL

Full Name (Last, First, Middle Initial)

A. Fund for Jobs, Growth and Security

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2013

Mailing Address PO Box 5085

City	State	Zip Code
Hoboken	NJ	07030

Transaction ID : SB29.4203Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

B. National Democratic Redistricting Trust

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2013

Mailing Address 501 3rd Street, NW
Suite 200

City	State	Zip Code
Washington	DC	20001

Transaction ID : SB29.4201Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500000.00

500000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WORKING FOR WORKING AMERICANS - FEDERAL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mosaic

Nature of Debt (Purpose):

Banners/Placards/Bumper Stickers & Shipping Costs

Mailing Address 4801 Viewpoint Place

City State

Zip Code

Cheverly

MD

20781

Outstanding Balance Beginning This Period

40823.45

Transaction ID : SD10.4156

Amount Incurred This Period

0.00

Payment This Period

40823.45

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WORKING FOR WORKING AMERICANS - FEDERAL		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490847 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 02 / 05 / 2013 </div>	
Mailing Address 4801 Viewpoint Place		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 21549.23 </div>	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4212
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 21549.23 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 02 / 05 / 2013 </div>	
Mailing Address 4801 Viewpoint Place		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 1166.20 </div>	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4213
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/Type 006	Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER S MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 1166.20 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">22715.43</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Phil Newkirk

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WORKING FOR WORKING AMERICANS - FEDERAL		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490847 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 02 / 05 / 2013	
Mailing Address 4801 Viewpoint Place		Amount 1195.51	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4214
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1195.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 02 / 05 / 2013	
Mailing Address 4801 Viewpoint Place		Amount 1662.88	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4216
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1662.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2858.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Phil Newkirk

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 07 / 30 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WORKING FOR WORKING AMERICANS - FEDERAL		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490847 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 02 / 05 / 2013	
Mailing Address 4801 Viewpoint Place		Amount 903.61	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4217
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: JON TESTER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 903.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 02 / 05 / 2013	
Mailing Address 4801 Viewpoint Place		Amount 2187.14	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4218
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH WARREN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2187.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3090.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WORKING FOR WORKING AMERICANS - FEDERAL		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490847 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 02 / 05 / 2013 </div>	
Mailing Address 4801 Viewpoint Place		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 2020.04 </div>	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4219
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 2020.04 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 02 / 05 / 2013 </div>	
Mailing Address 4801 Viewpoint Place		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 1906.92 </div>	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4220
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div>	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 1906.92 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 150px;"> 3926.96 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; width: 150px;"> _____ </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 150px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) WORKING FOR WORKING AMERICANS - FEDERAL		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490847 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 02 / 05 / 2013	
Mailing Address 4801 Viewpoint Place		Amount 1374.07	
City Cheverly	State MD	Zip Code 20781	
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: HI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MAZIE K HIRONO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 02 / 05 / 2013	
Mailing Address 4801 Viewpoint Place		Amount 2017.19	
City Cheverly	State MD	Zip Code 20781	
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEBBIE STABENOW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3391.26
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Phil Newkirk

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ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WORKING FOR WORKING AMERICANS - FEDERAL		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490847 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 02 / 05 / 2013	
Mailing Address 4801 Viewpoint Place		Amount 3017.26	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4223
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3017.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 02 / 05 / 2013	
Mailing Address 4801 Viewpoint Place		Amount 1484.32	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4224
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD CARMONA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1484.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4501.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Phil Newkirk

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NAME OF COMMITTEE (In Full) WORKING FOR WORKING AMERICANS - FEDERAL		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490847 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M / D D / Y Y Y Y Y Y 02 / 05 / 2013	
Mailing Address 4801 Viewpoint Place		Amount 339.08	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4225 Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Payment for Placards/Bumper Stickers & Shipping Costs Disclosed on Pre-Gen Rpt.		Category/Type 006	Name of Federal Candidate Supported or Opposed by Expenditure: ANGUS STANLEY KING Jr.
Calendar Year-To-Date Per Election for Office Sought 339.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount 	
City	State	Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure		Category/Type 	Name of Federal Candidate Supported or Opposed by Expenditure:
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	339.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	40823.45

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Phil Newkirk

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Signature

Date

M M / D D / Y Y Y Y Y Y
07 / 30 / 2013